Cont. Pr.

				Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									09/368,032					
CLAIMS AS FILED - PART I									. EI	YTITY		OTHE	THAN-	V
			(Column 1)		(Column 2)			TYPE				SMALL ENTIT		1
TO	OTAL CLAIMS	}					.	RAT	E	FEE	' ו	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9	=		OR	X\$18=		ŀ
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		]	
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=			
- 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTA	L		OR	TOTAL			
•	· c	LAIMS AS A	MENDED - PART II									OTHER		1
· 	<del>-                                    </del>	(Column 1)	<b>,</b>	(Colun		(Column 3)	, ,	SMAL	L E	NTITY	OR	SMALL	ENTITY	ļ
AMENDIMENT A	1/16/01	REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• //	Minus		20	0	+1	X\$ 0	-	<u>,,,,,</u>	OR	XST4=	/ <u>,                                    </u>	
NEW THE	Independent	. 3	Minus		3 4			108			00	X		
4	FIRST PRESE	ULTIPLE DE	TIPLE DEPENDENT CLAIM					+		OR	/	<u> </u>	/	
	•	•		· ,				+145=			OR	4290=		
	•							TOT/ ODIT. FE		•	OR ,	TOTAL ADDIT. FEE		
	<u> </u>	(Column 1)	· <del></del>	(Colun		(Column 3)	1 _							ľ
AMENDMENT B	6/5/07	REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA		RATE	4	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	. 2	0			X\$ 9=	1		OR	X\$18=	<del>, , , , , , , , , , , , , , , , , , , </del>	
	Independent	· 2	Minus	***	3	- <u>·</u>		X43=	7		OR	X86=		
	FIRST PRESE	NTATION OF ML	JUNPLE DEI	PNDENI	CLAIM	• 📜	'	+145=	7		OR	+290=		
				•				TOTAL PALITICO	Ī		OR_	TOTAL ODIT. FEE		L
	•	(Column 1)		(Colum	າກ 2) .	(Column 3)	. `			•				
AMENDMENT C	` .	CLAIMS		HIGHE	ST		ı		T	ADDI-	· · •		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE		TONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***		=		X43=	+		·	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			/	+		OR			
								+145=			OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT											OR A	TOTAL ODIT. FEE		
1	r me "Highest Nu The "Highest Nurr	mber Previously Pai ober Previously Paid	id For IN THI of For" (Total or	S SPACE is Independe	less that ht) is the	n 3, enter 13." highest number		•		opriate box			<del>, -</del> ·	